**Questions and Answers:**

**9/15/16 NMI eSHARE Webinar**

**CDC Surveillance Data Platform and Potential Benefits to NMI**

(Questions about the CDC Surveillance Data Platform)

**Q: With whom will the CDC Surveillance Data Platform (SDP) actually share services—is it just for CDC programs?**

**A:** The CDC Surveillance Data Platform is for both CDC programs and external public health partners at national, state, and territorial levels. CDC launched the SDP initiative to provide shared services to both CDC programs and public health partners. The SDP has four goals:

1. Enhance CDC and partner abilities to securely parse, prepare, and share data.
2. Reduce reporting burdens on internal CDC programs and external partners.
3. Improve data surveillance efficiency in public health efforts.
4. Optimize local, regional, national, and international public health response time.

**Q: Will the SDP support chronic or infectious programs, or both?**

**A:** Both and more. In keeping with the aims of the CDC Surveillance Strategy, and to support work across the agency and public health, the SDP will support public health efforts of all types, including programs focusing on preparedness, injury, environmental health, occupational safety, and both chronic and infectious disease.

**Q: The slide about the platform architecture indicates that it will use “container management.” Would you explain container management and the advantages it offers to the platform?**

**A:** Containers are a way of packaging an application for deployment. This approach allows an application team to hand the operations team a preconfigured component to be deployed in production, thus eliminating some issues that arise in the hand-off of new updates from the development teams to the operations team, and is a principal component of a successful DevOps process.

CDC is developing the SDP and hosted shared services by using a micro-services-based architecture pattern. This pattern uses many relatively small services that perform one principal function and are loosely coupled and interact via RESTful web interfaces. Containers provide an ideal way of packaging, deploying, and scaling only those components of the overall system that need to scale.

Deploying small, modular, composable micro-services will build the foundation for a future in which CDC scientists can create new capabilities (composed of micro-services) in near real time, allowing a more agile response to public health emergencies than ever before.

**Q: How and when can external partners get involved? Can jurisdictions volunteer to pilot the SDP?**

**A:** Yes, CDC welcomes interest and engagement from external partners throughout our process—from our current work in agile development through the premiere and launch of our shared services over time. In fact, we welcome this engagement sooner rather than later because we know that the best way to serve our CDC program and external partners is to involve as many people in our process as we can.

There are two ways to get involved with SDP:

1. Keep up with our current project status by joining the SDP Listserv.
	1. Place the CDC Listserv address in the “To” line of an email: [**LIST**](file:///C%3A%5CUsers%5Ctik1%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CTemporary%20Internet%20Files%5CContent.Outlook%5CD28VB9ZF%5CCDCL-SDP%40LISTSERV.CDC.GOV)**@CDC.GOV** (No E at the end of listserv; letter case does not matter) from the mailbox you will be using.
	2. Keep the subject heading blank.
	3. Then, on the very first line of the body section, simply write: **SUBSCRIBE CDCL-SDP firstname lastname** (as appropriate). Delete your signature block if you have one preformatted in your emails; it will confuse the server and your request will disappear in cyberspace.
	4. Send your email and expect a confirmation email within 15 minutes. Please make sure that you respond to confirm your placement on the listserv.
2. Email Teresa Kinley, SDP IT Program Manager, regarding pilot opportunities at surveillanceplatform@cdc.gov.

(Question about Arboviral v1.3 Case Notification Update)

**Q: Why do jurisdictions have to reclassify previously reported arboviral cases for 2016—why can’t reclassification just be part of the end-of-year reconciliation process?**

**A:** It is important that re-classification be done before the end of the year for two reasons:

1. End-of-year reconciliation is always complicated, but reclassifying cases in the midst of the process will further complicate finalizing counts. It is likely that neither the jurisdictions nor the CDC Arboviral program will have the resources to investigate problems.
2. Also, the CDC data system that processes the Arboviral message is not able to handle different code sets for different periods. The system can accept the old event codes for 2016 cases but will not be programmed to accept them for 2017 cases.